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Your county

Your name (first, middle initial, last)

### State of Maine Department of Labor

Office Use Only	
Eligible Not Eligible Postmark Date _	

Birth date (month/day/year)

Sex

## **Competitive Skills Scholarship Program**

Application

Social Security number

List monthly household income other than wages below:    Source   Yourself   Other household members age 18 or over:     Name   Amount										
If different from your mailing address, give the address where you actually live:  Are you a U.S. citizen?	Mailing a	ddress: Street	t or PO Box	(include apart	ment number,	in care o	f, etc.)	City		
Are you a U.S. citizen?	State	Zip Code				Email				
Are you a U.S. citizen?     Yes										
List other household members who live with you:  Last name   First name   Middle   Sex   Age   Relationship to you    Initial                                  List household gross carnings from your job or self-employment (before taxes or other deductions) in the paweeks (if your application is selected, you will be required to provide proof of this):  Other Household members age 18 or over:    Name   Name   Name   Name   Name	If differer	it from your i	nailing addr	ess, give the ac	ldress where	ou actual	lly live:			
List name    First name   Middle   Sex   Age   Relationship to you	Are you a	U.S. citizen?		lo. If not, are	vou legally ne	rmitted to	work in th	e United States	? □Yes □No	
List household gross earnings from your job or self-employment (before taxes or other deductions) in the paweeks (if your application is selected, you will be required to provide proof of this):    Other Household members age 18 or over:										
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Initial				•		Cov	Åσο	Dal	ationship to you	
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Vourself  Other Household members age 18 or over:    Name   Name					444444					
Vourself  Other Household members age 18 or over:    Name   Name										
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Vourself  Other Household members age 18 or over:    Name   Name										
Vourself  Other Household members age 18 or over:    Name   Name										
Source  Source  Yourself  Other household members age 18 or over: Name  Amount  Social Security Disability  SSI  Other monthly income (e.g., VA, pension, or other source - describe)  Are you currently a State employee?   TANF?   Yes  No  No  No  No  No  TANF?   Yes  No  No  Are you a Veteran?   Yes  No  Are you the Spouse of a 100% Disabled Veteran?   Yes  Other household members age 18 or over:  Name  Amount  S  S  S  Other household members age 18 or over:  Name  Amount  S  S  S  S  No  TAMOUNT  Name  Amount  S  S  S  TAMOUNT  No  No  No  No  TAA/TRA?   Yes  No  No  Are you a Veteran?   Yes  No  No  No  No  No  No  No  No  No  N	Yourself						name and amount Household to			
Source  Yourself  Other household members age 18 or over: Name  Amount  Social Security Disability  S  SSI  Other monthly income (e.g., VA, pension, or other source - describe)  Are you currently a State employee?   Yes  Do you currently receive: Food Supplement Program assistance (formerly called Food Stamps)?   TANF?   Yes  No.  Are you a Veteran?   Yes  No.  Are you the Spouse of a 100% Disabled Veteran?   Yes  No.	\$								S	
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Social Security Disability  Social Security Disability  SSI  Other monthly income (e.g., VA, pension, or other source - describe)  Are you currently a State employee?   TANF?   Yes   Name  Amount  S  S  TANF?   Yes   No  TANF?   Yes   No  Are you a Veteran?   Yes   No  Are you the Spouse of a 100% Disabled Veteran?   Yes   Name  Amount  S  S  S  S  S  S  S  S  S  S  S  S  S			iu meeme e		Other l					
SSI  Other monthly income (e.g., VA, pension, or other source - describe)  Are you currently a State employee?   Tanf?   Yes  No, Unemployment compensation?   Yes  No, Taa/Tra?   Yes  No.  Are you a Veteran?   Yes  No  Are you the Spouse of a 100% Disabled Veteran?   Yes  No	Source		Yourself							
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Do you currently receive: Food Supplement Program assistance (formerly called Food Stamps)?   TANF?   Yes   No, Unemployment compensation?   Yes   No, TAA/TRA?   Yes   No.  Are you a Veteran?   Yes   No  Are you the Spouse of a 100% Disabled Veteran?   Yes   No	Are vou	currently a S	State emplo	⊥ vee? □Yes	□No					
TANF? □Yes □No, Unemployment compensation? □Yes □No, TAA/TRA? □Yes □No.  Are you a Veteran? □Yes □No.  Are you the Spouse of a 100% Disabled Veteran? □Yes □No.		to the second se		<del></del>		istance (1	formerly ca	alled Food Sta	amps)? □Yes □No	
Are you the Spouse of a 100% Disabled Veteran? □Yes □No	a fata and the fat	1			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	CT 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Will your household receive about the same amount of income in the next 4 weeks? □Yes □No.		网络大型 医对对性 对数据 化水面试验 化二氯化	化双氯化氯化氯化氯化 医电子性 化电影	医连霉素 医二氏性 化硫化铁 医电路 化氯化铁铁铁	ran? □Yes	□No				
vvin your nousehold receive about the same amount of income in the next 4 weeks? Lives Lino.	Will	househald -	vogoire aba-	14 the came =	manut of:		ho nove 4	voolra9 CTV-		
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Unemployment Compensation, TANF and Food Supplement Program assistance)  Revised January 12, 2012  (Do not count Ta	Jnemploym	nent Compensati					ai iour wee	ers: p	(Do not count TAA/TR	

# Educational background Have you received your high school diploma or the equivalent (GED)? \[ \textsize Yes \quad \textsize No. \text{ If yes, what year?} \] Do you have any other educational degree or vocational license or certification? $\Box$ Yes $\Box$ No. If yes, name the degree, license and/or certification and the date received: If you are currently in school, what is your degree/program of study? If you are not yet in school, what degree / certificate program are you most interested in enrolling in? Do you have a disability? (answering this question is voluntary) $\Box$ Yes $\Box$ No I understand that I may be asked to provide documentation verifying the information on this application. If you knowingly give wrong information, you may be charged with a crime for giving false information. I understand the questions on this form. I certify, under penalty of perjury, that all my answers are correct and complete as far as I know. Signature of person applying If we need to contact you, may we leave a message on your telephone? $\Box$ Yes $\Box$ No. May we contact you by email? $\square$ Yes $\square$ No. Thank you! If there wasn't room on the first page or if you want to clarify something, write it here (please feel free to use a separate sheet of paper for additional information): Agency use:

Please mail (or hand deliver) to the CareerCenter nearest you by February 15, 2012. See CareerCenter locations/addresses on next page. Attached is the contact information and addresses for Maine's CareerCenters.

Briefly explain why your income changed:

### Maine CareerCenters

#### Augusta CareerCenter

21 Enterprise Drive, Suite 2 109 SHS, Augusta, ME 04333-0109 Phone- (207) 624-5120 or 1-800-760-1573 Fax- (207) 287-6236 TTY - 1-800-633-0770

#### Bangor CareerCenter

45 Oak Street, Suite 3, Bangor, ME 04401-7902 Phone- (207) 561-4050 or 1-888-828-0568 Fax- (207) 561-4066 TTY- 1-800-498-6711

#### Bath CareerCenter

34 Wing Farm Parkway, Bath, ME 04530-1515 Phone- (207) 442-0300 or 1-888-836-3355 Fax- (207) 442-0065 TTY- 1-888-697-2871

#### Calais CareerCenter

One College Drive Calais, ME 04619-0415 Phone- (207) 454-7551 or 1-800-543-0303 Fax- (207) 454-0349 TTY- 1-888-697-2883

#### Lewiston CareerCenter

5 Mollison Way, Lewiston, ME 04240-5805 Phone- (207) 753-9000 or 1-800-741-2991 Fax- (207) 783-5301 TTY- 1-877-796-9833

#### Machias CareerCenter

53 Prescott Drive, Suite 1, Machias, ME 04654 Phone- (207) 255-1900 or 1-800-292-8929 Fax- (207) 255-4778 TTY- 1-800-381-9932

#### Madawaska CareerCenter (ACAP)

88 Fox Street, Suite 103, Madawaska, ME 04756-1352 Phone- (207) 728-6345 or 1-800-432-7881 Fax – (207) 728-4491

#### Portland CareerCenter

185 Lancaster Street, Portland, ME 04101-2453 Phone- (207) 771-5627 or 1-877-594-5627 Fax- (207) 822-0221 TTY- 1-888-817-7113

#### Presque Isle CareerCenter

66 Spruce Street, Suite 1, Presque Isle, ME 04769-3222 Phone - (207) 760-6300 or 1-800-635-0357 Fax - (207) 760-6350 TTY - 1-888-697-2877

#### Rockland CareerCenter

91 Camden Street, Suite 20, Rockland, ME 04841 Phone- (207) 596-2600 or 1-877-421-7916 Fax- (207) 594-1428 TTY- (207) 1-800-498-9262

#### Rumford CareerCenter

60 Lowell Street, Rumford, ME 04276-2096 Phone- (207) 364-3738 or 1-877-421-7915 Fax - (207) 369-9315 TTY - 1-888-313-9400

#### Skowhegan CareerCenter

98 North Avenue, Skowhegan, ME 04976-1923 Phone- (207) 474-4950 or 1-800-760-1572 Fax- (207) 474-4914 TTY- 1-888-697-2912

#### South Paris CareerCenter

274 Main Street, South Paris, ME 04268-5923 Phone- (207) 743-7763/4 or 1-877-237-6171 Fax- (207) 743-8439

#### Springvale CareerCenter

9 Bodwell Court, Springvale, ME 04083 Phone- (207) 324-5460 or 1-800-343-0151 Fax- (207) 324-7069 TTY- 1-888-697-2913

#### Wilton CareerCenter

865 US Route 2E, Wilton, ME 04294-6649 Phone- (207) 645-5800 or 1-800-982-4311 Fax- (207) 645-2093 TTY - 1-888-297-2895